

504/ADA SELF-EVALUATION AND ASSURANCE OF COMPLIANCE

Instructions

504/ADA Self-Evaluation Questionnaire Form

This form will help you evaluate your organization's or firm's programs and services, employment, and facilities to ensure they are accessible to people with disabilities. Complete the 504/ADA Self-Evaluation Questionnaire and keep it on file at your office. Do not return it with your contract.

"Quick Look" Barriers Checklist

Note: This form only pertains to the main office of a construction company, not the construction sites. Firms that provide services outside their office do not need to write a corrective action plan for physical accessibility as long as these services are provided in an accessible location for people with disabilities who cannot access the office. However, physical access must also be reviewed in light of hiring an individual with a disability or accommodating a current employee who becomes disabled.

504/ADA Assurance of Compliance Form

- Complete this form. If your organization or firm is out of compliance with any of the 504/ADA requirements, indicate on the 504/ADA Disability Assurance of Compliance form the corrective actions that will be taken to achieve compliance and the date these actions will be completed.
- Sign the Assurance of Compliance form and send the original back with your contract. Keep a copy of the form on file in your office for use during on-site reviews. You will be notified at least one week in advance of any scheduled review. (Note: This form may be used as an exhibit with other King County contracts for two years from the date the form is completed.)

If you have questions regarding this process, or if you require this material in an alternate format, please contact a King County 504/ADA Disability Compliance Specialist at 206-296-7592 or 206-296-7596 TTY, or by e-mail: Civil-Rights.OCR@metrokc.gov.

504/ADA General Information

Federal and State laws prohibit discrimination based on disability. Section 504 of the Rehabilitation Act of 1973, as amended (504), and the Americans with Disabilities Act of 1990 (ADA) require that King County and all organizations and firms contracting with King County, except those providing tangible goods, comply with the 504/ADA accessibility requirements.

Under 504 and ADA, a "qualified individual with a disability" is anyone who has, has a history of, or is perceived as having a physical or mental impairment which substantially limits one or more major life activities. Disabilities include, but are not limited to: mobility, visual, hearing, or speech disabilities; mental illness; epilepsy; learning disability; brain injury; HIV/AIDS; arthritis; cerebral palsy; multiple sclerosis; developmental disability; and alcohol and/or drug addiction.

DISABILITY RESOURCE LIST

Note: Inclusion in this resource list does not constitute endorsement by King County Government, nor does omission imply non-endorsement. Our goal is to provide you with information on some key resources available. Please contact us if you know of a useful resource missing from this list.

King County Office of Civil Rights Enforcement

Disability Compliance Specialist, Yesler Building,
400 Yesler Way, Room 260, Seattle, WA 98104-
2683; 206-296-7592 V,
206-296-7596 TTY; 206-296-4329 Fax;
e-mail: Civil-Rights.OCR@metrokc.gov
web site: www.metrokc.gov/dias/ocre/

Governor's Committee on Disability Issues and Employment (GCDE)

Advises and informs the Governor, state and local governments, the business community, and the disability community on ADA and other issues related to disability policy.

Olympia: 360-438-3168 V, 360-438-3167 TTY;
Spokane: 509-532-3149 V, 509-532-3113 TTY.

GCDE publishes "Producing Materials in Alternative Formats: A Guide for Agencies"

which provides information on producing materials in large print, on audio tape or computer disk, and Braille. Send a written request for a copy.

Northwest ADA/IT Center

Provides information on the Americans with Disabilities Act and accessible information technology in Alaska, Idaho, Oregon and Washington. Oregon Health & Science University P.O. Box 574, Portland, Oregon 97207-0574
800-949-4232, voice and TTY
503-418-0785, FAX; nwada@ohsu.edu

Sprint Washington Telecommunications Relay Service (TRS)

Provides free telephone accessibility with TTY users. 500 108th Avenue NE, Suite 800, Bellevue, WA 98004; Relay Services: 800-833-6388 TTY; 800-833-6384 V.

ADA Technical Assistance Hotline (U.S. Dept. of Justice)

Provides free technical assistance and informational materials to people with disabilities, businesses, state and local government agencies, and the general public on rights and responsibilities under Titles II and III of the ADA. 800-514-0301 V/TTY.

web site: www.usdoj.gov/crt/ada/

Washington Assistive Technology Alliance (WATA)

Information & referral to disability resources, including assistive technology options, funding sources, legal issues, accommodations.

509-328-9350 V/TTY; 800-214-8731 V/TTY;
509-326-2261 Fax; e-mail: spokane@seals.org
web site: wata.org/wata/eatrc/index.htm

Job Accommodations Network (JAN)

An international toll-free consulting service that provides information regarding the ADA, job accommodations and the employability of people with disabilities. P.O. Box 6080,

918 Chestnut Ridge Road, Suite 1, Morgantown, WV 26506-6080;

JAN--ADA Information 800-526-7234 V/TTY; 800-ADA-WORK (232-9675) V/TTY;

web site: janweb.icdi.wvu.edu/

Emergency Procedures for Employees with Disabilities in Office Occupancies

A procedural guideline funded by the US Fire Administration and developed by the National Institute of Standards and Technology with assistance from the National Task Force on Life Safety and People with Disabilities. Write for a copy: United States Fire Administration, 16825 South Seton Avenue, Emmitsburg, MD 21727.

504/ADA SELF-EVALUATION QUESTIONNAIRE

General Requirements

Please check the appropriate answers. If necessary, attach additional pages of explanation. **If you have fewer than 15 employees, please skip the first section and start with "Program Access."**

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you have a 504/ADA coordinator? If so, who? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name _____ | | | |
| Title _____ | | | |
| Phone _____ | | | |
| 2. Do you have an internal grievance procedure that allows for quick and prompt solutions for any complaints based on alleged noncompliance with 504/ADA? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a policy that provides for notifying participants, applicants, employees, unions, and professional organizations holding collective bargaining or professional agreements that you do not discriminate on the basis of disability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you notified these individuals of your nondiscrimination policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you provide ongoing staff training to ensure that staff fully understand your policy of nondiscrimination on the basis of disability and can take all appropriate steps to facilitate the participation of individuals with disabilities in agency programs and activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Access

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you notify the public and other interested parties that agency meetings, board of director meetings, hearings, conferences, public appearances by elected officials, and interviews will be held in accessible locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you notify the public and other interested parties that auxiliary aids (sign language interpreters, readers) will be provided, upon request, to participants with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a Teletypewriter (TTY), or do you use the statewide Telecommunications Relay Service to facilitate communication with individuals who use TTYS for communication purposes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you provide ongoing training to familiarize appropriate staff with the operation of the TTY (or Relay Service) and other effective means of communicating over the telephone with people with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Program Access (continued)

	YES	NO	N/A
5. Do you make available, upon request, written material in alternate formats for people who have disabilities? (Alternate formats include large print, Braille, and audiocassette tapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are printed posters, announcements, and printed materials (including graphics) clearly legible and placed in physically accessible locations where print can be read from a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you have a mailing list for the purposes of information dissemination, does it include various disability groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your TTY number and procedures for accessing your services printed on all material distributed to the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a policy and procedure for safe emergency evacuation of people with disabilities from your facility(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Reasonable Accommodation

1. When gathering affirmative action data regarding disabilities, do you make it clear that: <ul style="list-style-type: none"> the information requested is intended for use solely in connection with reporting requirements; the information is voluntary; the information will be kept confidential; and refusal to provide or providing the information will not subject the applicant or employee to any adverse treatment? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you make pre-employment medical inquiries or conduct pre-employment medical examinations: <ul style="list-style-type: none"> Is the inquiry related to the applicant's ability to perform the job? Do you condition offers of employment on the results of these examinations? Is the examination required for <u>all</u> employees in the same job classification? Are <u>all</u> applicants in the same job classification asked the same medical and/or interview questions? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During the application, interviewing, hiring, and employment process, do you provide reasonable accommodations to applicants and employees with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Reasonable Accommodation (continued)

YES NO N/A

4. Do you have a written policy stating the following?

504/ADA requires that information concerning an applicant's medical condition or history must be kept separate from personnel records and may be shared in only three ways:

- (1) supervisors and managers may be informed of restrictions on the work or duties of individuals with disabilities and informed of necessary accommodation(s);
- (2) first aid and safety personnel may be informed if the condition might require emergency treatment; and
- (3) government officials investigating compliance with 504/ADA shall be provided with relevant information upon request.

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Physical Accessibility

Complete the "Quick Look" Barriers Checklist and then answer the following questions:

- 1. Is the building(s) where your business is located barrier-free? ☐ ☐ ☐
- 2. If you checked NO to any of the items on the Employment and Reasonable Accommodation checklist above, would these areas prevent an individual with a disability from accessing your program(s) or service(s)? ☐ ☐ ☐

If access would be impacted, describe on the Corrective Action Plan what steps will be taken to eliminate the barrier(s). If there are extenuating circumstances which would make barrier removal a financial or administrative burden, please explain in the Corrective Action Plan.

This 504/ADA Self-Evaluation Questionnaire was completed by:

Print name Date Phone Number

“QUICK LOOK” BARRIERS CHECKLIST

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, refer to the Washington State Administrative Code (WAC) 51-40-1100, Chapter 11—Accessibility. If you are not located in State of Washington, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

	YES	NO	N/A
Building Access			
• Are 96" wide parking spaces designated with a 60" access aisle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are parking spaces near main building entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a "drop off" zone at the building entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the gradient from parking to building entrance 1:12 or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the entrance doorway have at least 32" wide clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the door threshold no more than 1/2" high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the door handle easy to grasp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are other than revolving doors available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Corridors			
• Is path of travel free of obstruction and at least 36" wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is floor surface firm and slip resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do obstacles (phones, fountains) protrude no more than 4"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are elevator controls no higher than 48"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are elevator markings in Braille?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does elevator provide audible signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Elevator interior provides minimum 51" turning area for wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms			
• Are restrooms near building entrance or personnel office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do doors have lever handles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do restroom entrance doors have at least 32" wide clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is restroom large enough for wheelchair turnaround (51" minimum)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are stall doors at least 32" wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are grab bars provided in toilet stalls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are sinks at least 30" high with room for a wheelchair to roll under?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are sink handles easily reached and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are soap dispensers and towels no more than 48" from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Office			
• Do doors provide at least 32" wide clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the door easy to open? (max. 5 lbs. pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the door threshold no more than 1/2" high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the path of travel between furniture wide enough for wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

504/ADA DISABILITY ASSURANCE OF COMPLIANCE

Complying with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act of 1990, two federal laws which prohibit discrimination against qualified people with disabilities.

I understand that federal and state laws prohibit discrimination in public accommodations and employment based solely on disability. In addition, I recognize that Section 504 requires recipients of federal funds (either directly or through contracting with a governmental entity receiving federal funds) to make their programs, services, and activities, when viewed in their entirety, accessible to qualified and/or eligible people with disabilities. I agree to comply with, and to require that all subcontractors comply with, the Section 504/ADA requirements. I understand that reasonable accommodation is required in both program services and employment, except where to do so would cause an undue hardship or burden.

I agree to cooperate in any compliance review and to provide reasonable access to the premises of all places of business and employment and to records, files, information, and employees therein to King County for reviewing compliance with Section 504 and ADA requirements.

I agree that any violation of the specific provisions and terms of the 504/ADA Disability Assurance of Compliance and/or Corrective Action Plan required herein or Section 504 or the ADA, shall be deemed a breach of a material provision of the Contract between the County and the Contractor. Such a breach shall be grounds for cancellation, termination, or suspension, in whole or in part, of this Contract by the County.

According to the responses to the questions in the 504/ADA Self-Evaluation Questionnaire, (company name)_____ **YES NO**
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_____ **is in compliance with 504/ADA.**

If the above response is NO, the following corrective actions will be taken:

Corrective Action Plan

The following Corrective Action Plan is submitted to comply with Section 504 and ADA requirements.

General Requirements

Actions To Be Taken	Completion Date

Program Access

Actions To Be Taken	Completion Date

504/ADA DISABILITY ASSURANCE OF COMPLIANCE (continued)

Employment and Reasonable Accommodation

Actions To Be Taken

Completion Date

Physical Accessibility

Actions To Be Taken

Completion Date

I Declare Under Penalty of Perjury under the Laws of the State of Washington that the Foregoing is True and Correct.

Signature of authorized signator

Type or print name of authorized signator

Title

Telephone

For Notary:

State of _____, County of _____

Signed and sworn before me on (date) _____
by (print authorized signator name) _____

Notary signature: _____

Notary (print name): _____

My appointment expires: _____

Contractor: _____
Company Name

Street Address City State Zip